

FILED

Annual Report for the year: 2020
 Corporation

FEB 03 2020

BY 1486 *[Signature]*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 9059		2. Exact name of the Corporation Gambar Products Company, Inc.			
3. Principal Office Address 45 Fullerton Road			City Warwick	State RI	Zip 02886
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island Sub-contract machine work			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Gambardella			Vice-President Name Vincent Gambardella		
Street Address 12 Robert Circle			Street Address 30 Wentworth Avenue		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02889
Secretary Name Vincent Gambardella			Treasurer Name Thomas Gambardella		
Street Address 30 Wentworth Avenue			Street Address 76 Mill Cove Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 500 Common No P/V		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>406</u>		CLASS/SERIES	PAR VALUE No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>Vincent Gambardella</u>				Date <u>JANUARY 29, 2020</u>	
Signature of Authorized Representative <i>Vincent Gambardella</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040